

MULTIPLE DEPENDENT CLAIM		FEE CALCULATION SHEET	
SERIAL NO.		APPLICANT(S)	
FILING DATE			
1	AS FILED	ND	DEF
2		ND	DEF
3		ND	DEF
4		ND	DEF
5		ND	DEF
6		ND	DEF
7		ND	DEF
8		ND	DEF
9		ND	DEF
10		ND	DEF
11		ND	DEF
12		ND	DEF
13		ND	DEF
14		ND	DEF
15		ND	DEF
16		ND	DEF
17		ND	DEF
18		ND	DEF
19		ND	DEF
20		ND	DEF
21		ND	DEF
22		ND	DEF
23		ND	DEF
24		ND	DEF
25		ND	DEF
26		ND	DEF
27		ND	DEF
28		ND	DEF
29		ND	DEF
30		ND	DEF
31		ND	DEF
32		ND	DEF
33		ND	DEF
34		ND	DEF
35		ND	DEF
36		ND	DEF
37		ND	DEF
38		ND	DEF
39		ND	DEF
40		ND	DEF
41		ND	DEF
42		ND	DEF
43		ND	DEF
44		ND	DEF
45		ND	DEF
46		ND	DEF
47		ND	DEF
48		ND	DEF
49		ND	DEF
50		ND	DEF
TOTAL NO.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS	